IPDR6702				NORTH CAROLINA		PAGE:	1	
RUN DATE:	05/25/2008			CHECKWRITE SUMMARY REPORT				
				EWRITE DATE: 05/29/2008 FINANCIAL PAYER: NCDMH				
							momar	mom
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	4102	2313	YOU ARE ATTEMPTING TO ADJUST A				
	H/DD/SAS			CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO				
				FOUND ON OUR FIRE OR 13 NOT FO				
		21	1636	DUPLICATE OF CLAIM-SYSTEM	15	8656	20768	12112
		191	1572	CLIENT ID NUMBER DOES NOT MATC				
		191	1572	H PATIENT NAME				
3404904	WESTERN HIGHLAN	3101	287	THE TAXONOMY CODE FOR THE ATTE				
	DS LME			NDING PROVIDER IS MISSING				
				IS MISSING				
		21	131	DUPLICATE OF CLAIM-SYSTEM	0	466	1958	1492
		+						
		9000	26	NO DATE AUATIADID ON ETID TO D				
		8000	26	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404910	PATHWAYS	8800	254	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	40	DUPLICATE OF CLAIM-SYSTEM	0	336	4230	3894
		11	13	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATTALITY COLDITION	8505	78	CLAIM DENIED DUE TO INSUFFICIE				
	CATAWBA COUNTYM ENTAL HEALT			NT BUDGET				
		8326	48	ATTENDING PROVIDER NUMBER WAS	0	157	1871	1714
				NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913		8800	1207	FURTHER PROCESSING NECESSARY,				
	MECKLENBURG COM ENTAL HEALT			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8326	137	ATTENDING PROVIDER NUMBER WAS	0	1657	3815	2158
				NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
				THE CENTER OF THE REE SOCIETIES				
		8599	113	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404916		8961	44	ATTENDING PROVIDER NPI IS MIS				
	CROSSROADS BEHA VIORAL HEAL			SING. ATTENDING PROVIDER IS				
				TYPICAL. PLEASE RESUBMIT WITH				
		8534	31	SERVICE FACILITY LOCATION IS N	0	95	182	87
				OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED				
		+						
		11	19	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404917		8505	1143	CLAIM DENIED DUE TO INSUFFICIE				
J10171/	CENTERPOINT HUM AN SERVICES	5303	227	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	117	FURTHER PROCESSING NECESSARY,	0	1468	2414	946
				PLEASE CHECK FOR CLAIM ON		1100	2111	510
				FUTURE RA'S.				
		11	112	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				

PROVIDER NUMBER 3404919		HIGH DENIAL				 	TOTAL	
NUMBER		HIGH DENIES		î.		1		TOTAL
			NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
3404919	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8800	990	FURTHER PROCESSING NECESSARY,				
	TAL HEALTHC			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8326	451	ATTENDING PROVIDER NUMBER WAS	0	2187	4847	2660
				NOT SUBMITTED ON		2107	1017	2000
				THIS CLAIM OR THE NPI SUBMITTE				
		8537	270	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404920	ALAMANCE CASWEL	8505	1268	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		3411	210	PROVIDER TYPE AND SPECIALTY 07	1	2307	5844	2527
				4/113 CANNOT BILL ENHANCED	1	2307	2044	3537
				BENEFIT SERVICES ON OR AFTER D				
		3412	210	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404921		DEDE	702	CLAIM DENIED DUE TO INSUFFICIE	-			
3404AXT	ORANGE PERSON C	8505	723	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	HATHAM AREA							
		191	112	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	955	2703	1748
				II FAILENI WANE				
		11	72	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404922	THE DURHAM CENT	21	4806	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		8800	2749	FURTHER PROCESSING NECESSARY,	0	7877	15791	7914
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8329	135	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404923	PILLE GOLDEN MI	21	1302	DUPLICATE OF CLAIM-SYSTEM				
	FIVE COUNTY MH							
		8800	111	FURTHER PROCESSING NECESSARY,				
		8800	111	PLEASE CHECK FOR CLAIM ON	0	1562	3491	1929
				FUTURE RA'S.				
		4.4	41	AT YEAR MORE BY ACTIVE BY ADDIVIOUS				
		11	41	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404925	SANDHILLS CENTE	8800	569	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
	R FOR MH/DD			FUTURE RA'S.				
		8326	63	ATTENDING PROVIDER NUMBER WAS	7	902	4625	3723
				NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		21	58	DUPLICATE OF CLAIM-SYSTEM				
						 		
3404926	SOUTHEASTERN RE	8599	31	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	18	CLIENT ID NUMBER DOES NOT MATC	0	98	1300	1202
				H PATIENT NAME		38	1300	1202
		11	18	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				

3404927 C	PROVIDER NAME CUMBERLAND CO M	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION CLAIM DENIED DUE TO INSUFFICIE	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404927 C	CUMBERLAND CO M			CLAIM DENIED DUE TO INSUFFICIE	DENIALS	DENIALS	FINALIZED	PAID
H	HC	8505	134					
H	HC							
				NT BUDGET				
		8599	82	DETAIL NOT COVERED BY COMBINAT	_			
		0353	02	ION OF RECIPIENT, PROVIDER AND	0	316	1167	851
				BENEFIT PACKAGE.				
		21	37	DUPLICATE OF CLAIM-SYSTEM				
			1					
3404930 J	JOHNSTON COUNTY	8505	19	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC			NT BUDGET				
		23	1	SERVICE REQUIRES PRIOR APPROVA				
		2.3	-	L	0	20	30	10
	WAKE CO HUM SVC	8505	959	CLAIM DENIED DUE TO INSUFFICIE				
P	BILLING OF		 	NT BUDGET				
		8800	758	FURTHER PROCESSING NECESSARY,	34	3459	12667	9208
				PLEASE CHECK FOR CLAIM ON	34	3133	12007	2200
				FUTURE RA'S.				
		70	EE1	THIS CENTURE TO NOT TAXABLE TO				
		79	551	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404933 S	SOUTHEASTERN CT	8505	2103	CLAIM DENIED DUE TO INSUFFICIE				
R	R FOR MH/DD			NT BUDGET				
		3411	1072	PROVIDER TYPE AND SPECIALTY 07		2041	0404	4563
· · · · · · · · · · · · · · · · · · ·				4/113 CANNOT BILL ENHANCED	0	3841	8404	4563
				BENEFIT SERVICES ON OR AFTER D				
		8800	382	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
—			———	FUTURE RA'S.				
+				1010111110.				
3404934	ONSLOW CARTERET	8505	818	CLAIM DENIED DUE TO INSUFFICIE				
	BEHAV HEAL			NT BUDGET				
		8599	382	DETAIL NOT COVERED BY COMBINAT				
		0399	302	ION OF RECIPIENT, PROVIDER AND	0	1583	2197	614
· · · · · · · · · · · · · · · · · · ·				BENEFIT PACKAGE.				
		3102	183	THE TAXONOMY CODE FOR THE BILL				
				ING PROVIDER IS MISSING				
—			———	IS MISSING				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
					-			
		U	U		0	0	0	0
3404937 _T	THE BEACON CENT	8532	163	SUBMITTED BILLING PROVIDER IS				
	ER			NOT ELIGIBLE FOR DATE OF				
				SERVICE BILLED				
\blacksquare		0226	140	ADDENIAL DROUDED NUMBER AND		-		
		8326	148	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	0	639	5537	4898
1				THIS CLAIM OR THE NPI SUBMITTE				
		8505	103	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET	-			
3404939	מ אחר האסת דאי	8800	193	FURTHER PROCESSING NECESSARY,				
E	EAST CAROLINA B EHAVIORAL H			PLEASE CHECK FOR CLAIM ON				
E	**			FUTURE RA'S.				
		8326	74	ATTENDING PROVIDER NUMBER WAS	0	367	3895	3528
				NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
							—	
		1] .	1
		7001	45	EXCEEDS THE ONE PER DAY LIMITA				
		7001	45	EXCEEDS THE ONE PER DAY LIMITA TION				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
TUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404041		0	0	*** YO DAM'S MO DEDOOM ***				
3404941	EAST CAROLINA B	U	U	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0			0 0		
						0 0		,
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0			0 0	()
3404943	ALBEMARLE MENTA	8505	518	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE			NT BUDGET				
		0500	50	DETAIL NOT COVERED BY COMBINAT				
		8599	69	ION OF RECIPIENT, PROVIDER AND		1 696	1647	95
				BENEFIT PACKAGE.				
				BENEFII FACKAGE.				
		3411	49	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404944	EASTPOINTE HUMA	8536	282	ATTENDING PROVIDER TYPE AND SP				
	N SERVICES			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		79	26	THIS SERVICE IS NOT PAYABLE TO		0 330	2506	217
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	12	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946		8326	639	ATTENDING PROVIDER NUMBER WAS				
3101310	FOOTHILLS AREAM	0320	033	NOT SUBMITTED ON				
	ENTAL HEALT			THIS CLAIM OR THE NPI SUBMITTE				
		8533	217	SERVICE FACILITY LOCATION CANN		0 1174	1772	2 59
				OT BE AN ATTENDING PROVIDER		0 1174	1772	. 33
				IDENTIFIED AS AN INDIVIDUAL.				
								1
		27	53	DIAGNOSIS CODE MISSING OR INVA				
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
3404949	PIEDMONT BEHAVI	8326	2055	ATTENDING PROVIDER NUMBER WAS				
	ORAL HEALTH			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		120	587	CLIENT ID NUMBER MISSING OR IN				
		120	587	VALID. ENTER CID AND SUBMIT		0 3745	5317	157
				VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
	1			NEW CHAIP!		-		
	-	8534	543	SERVICE FACILITY LOCATION IS N				
	+		17.7	OT A VALID IPRS ATTENDING				1
				PROVIDER, OR THE NPI SUBMITTED				